sites other than colon/rectum after mCRC diagnosis. By anatomic locations, 17.6% of patients had major surgeries on liver or lung (13.4% on liver and 4.9% on lung); and 32.3% had major surgeries on all other anatomic sites. Major surgeries on colon or rectum occurred in 35.9% of patients (32.9% on colon and 4.1% on rectum).
Conclusions: Major surgeries are highly prevalent in patients with mCRC from this commercially insured population after mCRC diagnosis. This might have implications for anticancer drug therapy in mCRC patients.

6163 POSTER

Electric Stimulation of Anal Sphincter as a Treatment Option for Fecal Incontinence After Ultra-low Coloanal Anastomosis With or Without Intersphincteric Resection

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Background: Progress in combined treatment makes possible sphincter saving treatment for patients with low rectal tumour. Many clinics report about good oncological outcome. But functional results after ultra low coloanal anastomosis (CAA) with or without intersphincteric resection (ISR) sometimes disappointing. The purpose of this study was to prospectively investigate patients with fecal incontinence after ultra low CAA with or without ISR and evaluate the efficacy of electromiostimulation (EMS) as a treatment option.
Patients and Methods: 36 patients were treated for fecal incontinence. All patients had low rectal cancer and received preoperative chemoradiotherapy following by proctectomy with or without ISR with hand-sewn CAA. For electromiostimulation we use Neurotrac ETS device in “incontinence” mode.
Technics: Bipolar probe introduced into anus. Each session lasts 20 minutes. Usually started with 20−30 mAh to maximal amplitude up to 80 mAh. Total number of sessions was 10. Success was evaluated by anometry, water infusion test, Wexner scale and FIQL score.
Results: Mean squeeze pressure increased significantly after stimulation from 1.52 to 2.4. Mean score by Wexner scale improve from 16.6 to 8.3. Mean index according Wexner scale for hard and liquid stool and flatus incontinence improve from “2.96”, “3.59” and “3.44” to “1.14”, “1.92” and “1.55” respectively. Naturally, group without ISR showed better results. Mean FIQL score increase from 1.49 to 3.27.
Conclusion: Preliminary results for EMS have shown that patients achieved higher maximum voluntary squeeze pressures, and showed a marked improvement in their continence. Given the advantage of ambulatory use and non-invasive approacg the EMS seems promising in terms of achieving improved fecal continence and quality of life in selected patients.

6164 POSTER

Vitamin E Supplementation Against Oxaliplatin Induced Peripheral Neuropathy

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Background: Chemotherapy induced peripheral neuropathy (CIPN) is a common and dose-limiting side effect of anticancer drugs. Typically, the clinical presentation reflects an axonal peripheral neuropathy with glove-and-stocking distribution sensory loss, combined with features suggestive of nerve hyperexcitability such as paresthesia, dysesthesia and pain. These symptoms may be disabling, adversely affecting activities of daily living and thereby quality of life. We assessed the efficacy and safety of vitamin E supplementation to evaluate the reduction in intensity of oxaliplatin-induced peripheral neuropathy.
Materials and Methods: We have observed 80 patients (average 66 yrs) with no hystory of peripheral neuropathy due to any cause (diabetes, alcohol, toxines) affected by colon cancer (stage III) and undergoing oxaliplatin-based chemotherapy. In our sample 40 patients were scheduled to receive vitamin E at dose of 400 mg/die at the occurrence of neuropathy until the end of the treatment (group 1), meanwhile the other 40 patients did not take vitamin E (group 2). Neurologic clinical examination and nerve conduction study were performed for each patient at the start of symptoms and at the end of chemotherapy using NCI-CTC for grading the severity of neuropathy. The concentration of calcium and magnesium were evaluated before every course of chemotherapy.
Results: All the patients who received vitamin E (group 1) showed a significative reduction in intensity of neuropathy. We have found a significant reduction of sural sensory nerve action potential (SNAP) amplitude and a reduction of speed of nerve conduction in group 2 compared to the group 1 ($p < 0.001$).
Conclusions: CIPN is a limiting side effect for patients undergoing oxaliplatin based therapy. Evaluate a treatment without side effect, not expensive, easy to recruit is important to ensure a good quality of life, to keep the dose dense of chemotherapy, to avoid therapy dose reduction due to the neuropathy. Vitamin E might prevent and/or lessen the side effects to CIPN.

6165 POSTER

Systemic Inflammatory Response in Predicting Survival in Patients With Operable Colorectal Cancer

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Background: Several inflammatory response materials could be biomarkers for prediction of prognosis of cancer patients; elevated C-reactive protein (CRP), increased white cell, neutrophil, platelet, and decreased albumin. The Glasgow Prognostic Score (GPS) combines circulating CRP and albumin level, the neutrophil/lymphocyte ratio (NLR), and the platelet/lymphocyte ratio (PLR) has been introduced for prognostic scoring system in colorectal cancer (CRC). Thus, in this study, we attempted to identify an more adequate prognostic model related with systemic inflammatory response for CRC.
Methods: Between Mar 2005 and Dec 2008, 200 patients who underwent curative resection for colorectal cancer were enrolled in this study. Systemic inflammatory parameters (CRP, albumin, neutrophil, lymphocyte, and platelet count) were checked for making 3 scoring systems. Based on clinical survival data, we then compared PFS and OS with GPS, NLR, and PLR.
Results: Male to female was 123:77. Median age of the patients was 64 years (range, 26−83 years). Median follow-up duration was 27.2 months (range 7.8–52.7 months). 36 patients were observed disease progression or death. 19 patients were passed away during follow-up duration. 3 year PFS and OS were 72% and 86%, respectively. Numbers of GPS 0, 1, and 2 patients were 154 (77%), 44 (22%), and 2 (1%), respectively. Survival analysis according to GPS, PFS and OS could not be able to show the prognostic significance ($P = 0.313$ and $P = 0.263$). Cut-off value of NLR and PLR were determined 3 and 180 by ROC curve. Both of NLR and PLR were observed as a good prognostic biomarker of PFS and OS ($P = 0.009$ and $P < 0.001$ in PFS, $P = 0.006$ and $P = 0.001$ in OS).
Conclusions: Although GPS, NLR, and PLR were introduced as prognostic scoring systems for operable CRC, PLR which is constructed of platelet/lymphocyte count may represent a useful prognostic index for the prediction of PFS and OS in operable CRC.

Oral Presentations (Mon, 26 Sep, 14:45−16:30)
Gastrointestinal Malignancies − Noncolorectal Cancer

6500 ORAL

Second Interim Results of the GIDEON (Global Investigation of Therapeutic DEcisions in HCC and of Its Treatment With SorafeNib) Study − Barcelona-Clinic Liver Cancer (BCLC) Stage Subgroup Analysis

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Background: GIDEON is an ongoing, global, prospective, non-interventional study of HCC patients (pts) receiving sorafenib (Sor) in real-life practice. Its aim is to evaluate Sor safety and efficacy in diverse settings and pt subgroups. The predefined subgroup analysis by the BCLC is presented.
Material and Methods: Demographics, medical/disease/treatment history are recorded. At follow-up visits Sor dose, concomitant treatment, liver function, adverse events (AEs) and efficacy are recorded. From Jan 2009 to April 2011, over 3000 pts have been enrolled from 39 countries, achieving study target enrollment. Per protocol, the 2nd interim analysis (IA) was planned when ~1500 treated pts were followed $\geqslant$4 months.